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Division of Corporations

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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : RCA ACCOUNTING SERVICES CORP  
Account Number : I20180000102  
Phone : (305)799-7633  
Fax Number : (786)783-3650

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COMMERCIAL  
SERVICESFLORIDA LIMITED LIABILITY CO.  
J & M REAL ESTATE INVESTMENT SOLUTIONS LLC

Certificate of Status	1
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June 6, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RCA ACCOUNTING SERVICES CORP

SUBJECT: J & M REAL ESTATE INVESTMENTS SOLUTIONS LLC  
REF: W23000079289

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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ARCEDRA JOHNSON  
Regulatory Specialist II

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**Articles of Organization  
For  
Florida Limited Liability Company**

**Article I**

The name of the Limited Liability Company is:  
**J&M Real Estate Investment Solutions Consulting LLC**

**Article II**

The street address of the principal office of the Limited Liability Company is:

**677 SW 111<sup>TH</sup> Ave Apt.201  
Pembroke Pines, FL 33025**

The mailing address of Limited Liability Company is:

**677 SW 111<sup>TH</sup> Ave Apt.201  
Pembroke Pines, FL 33025**

**Article III**

Other provisions, if any:

**REAL ESTATE CONSULTING AND FINANCIAL PLANNING  
ANY AND ALL LAWFUL BUSINESS**

**Article IV**

The name and Florida street address of the registered agent is:

**RCA ACCOUNTING SERVICES CORP  
8180 NW 36<sup>TH</sup> ST STE 409-A  
DORAL, FL 33166**

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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: \_\_\_\_\_

### Article V

The name and address of person(s) authorized to manager LLC:

Title: MGR  
JUDITH A. SWANTON  
677 SW 111<sup>TH</sup> Ave Apt.201  
Pembroke Pines, FL 33025

Title: AMBR  
NICOLE CAROLINE SWANTON  
2342 NW 184<sup>TH</sup> TER  
PEMBROKE PINES, FL 33029

### Article VI

The effective date for this Limited Liability Company shall be:  
June 6, 2023

Signature of member or an authorized representative

/s/ Judith A. Swanton

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.